Written Statement

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The inherent logic behind prevention is obvious. The major diseases that claim the lives of Americans and that account so greatly for the rising costs of health care are caused largely by health habits, such as smoking, physical inactivity, and poor diet. Fully 35% of deaths in the United States are caused by three behaviors: tobacco use, poor diet, and physical inactivity. The major diseases of our time can often be detected early and either prevented or made less severe.

Our society spends far too much on treating the end stages of disease and far too little on helping the public avoid getting sick in the first place. As the Governor of Arkansas, Mike Huckabee, has said, rather than building a fence at the top of the cliff, our health care systems keeps sending one ambulance after another to the bottom. Paying for prevention is far more effective than paying for chronic disease care. Whereas treatments for cardiovascular disease can save 4,000-10,000 lives per year, helping Americans to stop smoking would prevent more than 400,000 deaths per year.

This is true for adults and children and it is true for seniors, who are not too old to benefit from prevention. Seniors live longer and live healthier if they abandon unhealthy behaviors, obtain recommended vaccines, and receive certain screening tests to catch diseases in their early stages. For example, lifelong smokers who stop smoking at age 50 live an average of 6 years longer than those who continue smoking beyond that age. Prevention can improve function, postpone chronic disease and disability, and avoid premature death. Recent evidence even suggests that physical activity may delay the onset of Alzheimer's disease. Prevention is an obvious answer to the escalating costs of healthcare. Promoting prevention among seniors should be a major public policy priority.

This was always true but is especially pertinent now, a time when Americans are growing older in greater numbers. The aging of the baby boom population, combined with advances in medical care, is carving out a future in which a larger number of seniors will suffer the health complications associated with chronic diseases, such as heart failure, diabetes, and cancer. Promoting prevention is intelligent planning for the future.

Primary versus secondary prevention

Two forms of prevention deserve emphasis among seniors: primary prevention and secondary prevention. Primary prevention refers to actions by asymptomatic persons to prevent disease from occurring in the first place. Examples include *good health habits*, such as regular physical activity, eating wisely, and stopping cigarette smoking. As already noted, one out of three deaths in the United States is caused by these habits. The rising rate of obesity further threatens to cut short the life expectancy of Americans.

Another example of primary prevention is *immunizations*, such as influenza (flu) vaccine and pneumococcal vaccine, which prevent seniors from getting infections such as pneumonia, a leading causes of death.

Secondary prevention refers to *screening tests* and other strategies to detect diseases in their early stages. Examples include mammograms, screening for colon cancer, and measurement of bone density to detect osteoporosis. Some of these tests can reduce death rates from diseases by 20-30%. Although screening tests can be beneficial in reducing morbidity and mortality from diseases, the benefits of early detection are limited because, by definition, the disease process is already underway.

Clinical preventive services refer to efforts at primary and second prevention that are undertaken by doctors and other healthcare providers in clinical settings, such as doctors' offices. Efforts by Congress to expand coverage of clinical preventive services under Medicare have gone a long way to improving seniors' access to immunizations and screening tests.

Prevention is an undertaking that extends beyond the clinical setting, however. To be effective communities must provide a web of integrated services to help citizens sustain healthy behaviors. Ideally, a person who chooses to become physically active should find a community working together to support the effort. The individual's physician might recommend exercise, but local media and advertising can reinforce the message, employers can offer incentives, and the "built environment" (e.g., neighborhood walkways) can be redesigned to foster outdoor activity. A diverse collaboration is required to give citizens a seamless support system for healthy diet, physical activity, smoking cessation, and alcohol moderation. It includes not only local health systems but also school boards, park authorities, worksites, churches, bars, restaurants, theaters, sports centers, grocers and other retail outlets, voluntary organizations, senior centers, news media, advertisers, urban planners, and the leaders who set direction for these sectors.

Gaps in prevention among seniors

Both primary and secondary prevention among today's seniors falls short of the ideal, claiming lives in the process. Unhealthy behaviors are prevalent among older adults. Primary prevention, among the most effective strategies to reduce the burden of chronic

disease, is practiced by a minority of seniors. For every 100 adults age 65 and older, 25 are obese, 25 engage in no leisure-time physical activity, and 10 smoke cigarettes. Fully 4.5 million seniors smoke cigarettes.

Gaps in immunizations are substantial. One out of three seniors has never received pneumococcal vaccine, which can significantly reduce the incidence of pneumonia and pneumococcal infections and is therefore recommended for all adults age 65 and older. In 2003, 30% of older adults had not received a flu shot in the prior year.

Efforts by Congress to expand coverage for preventive services under Medicare have gone a long way to remove a major barrier that has limited the ability of seniors to receive recommended immunizations and screening tests. Many of the preventive services recommended for seniors by the U.S. Preventive Services Task Force are now covered under Medicare. The Medicare Modernization Act (MMA) of 2003 introduced the "Welcome to Medicare" visit for new beneficiaries and expanded coverage for cardiovascular and diabetes screening.

But coverage alone does not ensure the delivery of clinical preventive services. The General Accountability Office reports that only 10% of Medicare beneficiaries have been screened for cervical, breast, and colon cancer and also immunized against influenza and pneumonia. Insurance is not the only barrier to receiving clinical preventive services.

Health disparities among seniors

Some seniors are more apt than others to enjoy good health habits and obtain clinical preventive services. For example, a recent study by Dr. Clark Denny and colleagues, in the May issue of the *American Journal of Public Health*, reported that Native Americans age 55 and older are 1.5-2 times more likely than whites of the same age to be obese, to be inactive, and to smoke cigarettes. Similar disparities in unfavorable risk factors exist among African American, Hispanic, and other seniors in minority groups.

According to a recent study by Dr Paul Hebert and colleagues in the April issue of *Health Services Research*, 67% of white beneficiaries have received a recent flu shot but only 53% of Hispanic and 43% of African American beneficiaries had been vaccinated. Other investigators reported that, whereas pneumococcal vaccine is received by 66% of white Medicare beneficiaries above age 65, only 51% of African Americans in the same age group have been vaccinated. In 2001, 30% of Medicare beneficiaries had received a home stool test for colon cancer, but the same was true of only 20% of Medicare beneficiaries without a high school education.

Death rates are higher and life expectancy lower among seniors who are members of racial and ethnic minority groups or who are of low socioeconomic status. Americans age 65-74 are almost 50% more likely to die in the next year if they are African American than if they are white. Medical advances, the research enterprise in which our society invests billions of dollars per year, do save lives. But more lives could be saved by solving the causes of these disparities. In a study published by our team at Virginia

Commonwealth University in the December 2004 issue of the *American Journal of Public Health*, we showed that, for every life saved by medical advances, five would be saved by correcting the disparity in death rates between African Americans and whites. Compared to gene mapping and stem cell research, fixing the causes of disparities is less glamorous and less likely to make the evening news, but it is far more likely to save lives. Congress should support research to understand and correct disparities in the health status and healthcare of disadvantaged persons and minorities.

Policy Solutions

Healthy aging—with its tremendous promise to save lives and reduce the costs of healthcare—cannot become a reality for America's seniors unless our leaders confront the underlying conditions that account for gaps and disparities in primary and secondary prevention. Confronting—and fixing—these conditions will come at some cost, both economic and political, but the resulting savings in lives and dollars are enormous. What follows are examples of potential policy solutions, but Congress should assemble a more comprehensive list by collecting the best minds and best ideas on this topic. Constraints on today's resources are recognized, but the toll in lives and in escalating healthcare costs compels the nation's leaders to not invest timidly in healthy aging. Congress should see the wisdom of drawing off its enormous investments in disease treatments to spend more on the prevention of disease. Following are examples of specific policy approaches that might be taken:

Public education

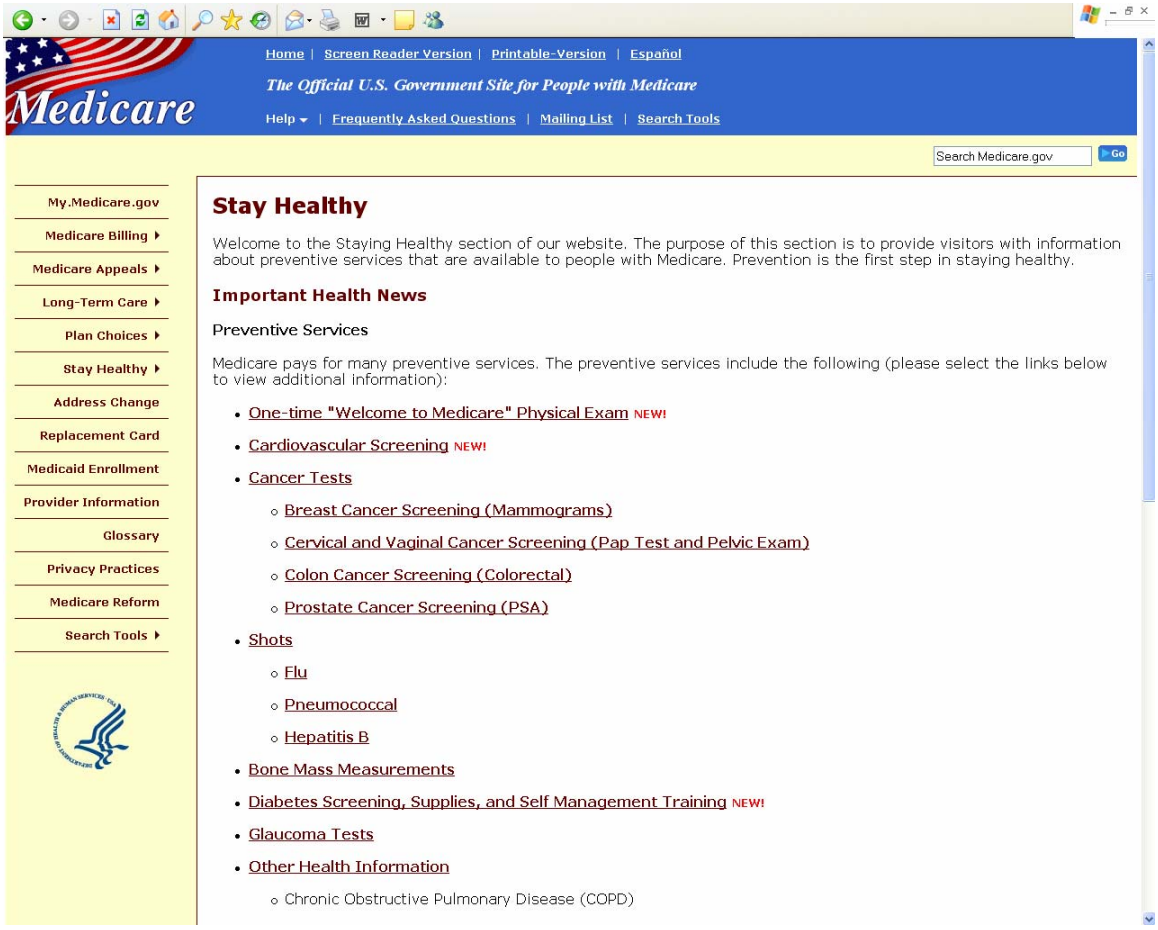
The first step in shifting the dynamics toward healthy aging is to convince decision-makers, including seniors, about the importance of prevention. Studies have shown consistently that mass communication is an effective strategy to promote prevention and change health behaviors.

The visibility of Congress gives it tremendous leverage to convey the message that prevention matters. An initiative with press events, legislative action, and the resulting media attention, led by Senators and Representatives with a commitment to prevention, could urge American seniors to pursue good health habits and obtain recommended vaccines and screening tests. Wise use of social marketing techniques and experts could markedly amplify the effectiveness of a public education campaign. The campaign should be designed to employ the optimal media channels to reach seniors and the best ways to package a persuasive message, especially for seniors who face language or literacy barriers.

On a similar note, the Centers for Medicare and Medicaid Services (CMS) could do more to promote prevention among seniors. In the past year CMS has taken several important steps to make beneficiaries aware of the new preventive benefits authorized under the MMA. In addition to press events, many of them hosted by Dr. McClellan and conducted jointly with leaders of major health organizations, new publications and website

resources for beneficiaries have been disseminated to describe the new preventive benefits.

But a closer look reveals much more that could be done to educate seniors about the importance of prevention. For example, a senior visiting the Medicare website (Medicare.gov) currently finds a prominent link, "Preventive Services Start Now!" Clicking on that link yields the following webpage, under the banner "Stay Healthy."



The page does a good job of listing the full complement of preventive services covered by Medicare, a credit to the good work of Congress, but says very little about how to "stay healthy." The page is silent about primary prevention. Beneficiaries need information and encouragement to live healthy lifestyles, with messages that remind them about the importance of stopping smoking, staying active, eating well, and controlling their weight.

Nor does the page explain the meaning of a "preventive service" or its importance to seniors. To be motivated to take full advantage of the preventive services covered under Medicare, beneficiaries first need to know why prevention matters. They need to understand why preventive services from their clinician are important, which ones are

recommended, and the importance of being "activated consumers" who know what to ask and expect of their doctors.

An important reason for the gap in the delivery of covered preventive services is that many seniors are unaware that the services are recommended or are skeptical about their effectiveness and safety. These gaps in knowledge are a major factor in the low uptake of colon cancer screening, a covered benefit under Medicare that could reduce deaths from the disease by 15-25%. The "Colon Cancer Screening" link above does little to address this knowledge deficit. It provides details about coverage benefits but provides no information about current recommendations for colon cancer screening, other than the sentence, "Treatment works best when colorectal cancer is found early."

Deficiencies noted on the Medicare.gov website recur in print materials mailed to beneficiaries. Collaborating with advisors such as Partnership for Prevention, CMS staff worked last year to correct these problems. The 16-page *Guide to Medicare's Preventive Services*, which beneficiaries receive, contains the following insert (see box):

Why Prevention is Important

You can stay healthy, live longer, and delay or prevent many diseases by…

- **exercising**—Do any physical activity you enjoy for 20–30 minutes 5 or 6 days a week.
- **eating well**—Eat a healthy diet of different foods like fruit, vegetables, protein (like meat, fish, or beans), and grains (like rice), and limit the amount of saturated fat you eat.
- **keeping a healthy weight**—Watch your portions, and try to balance the number of calories you eat with the number you burn by exercising.
- **not smoking**—Talk with your doctor about getting help to quit smoking.
- **getting preventive services**—Delay or lessen the effects of diseases by getting preventive services like shots to keep you from getting dangerous infections and screening tests to find diseases early.

Note: Talk to your doctor about the right exercise program for you.

Congress could encourage CMS to do more to disseminate such messages to beneficiaries. Investing in a targeted campaign—a prevention "initiative"—to emphasize the importance of healthy lifestyle and good preventive care would cost millions of dollars but save lives and dollars.

The content and materials for such a campaign need not be developed from scratch. Taxpayer dollars have already gone to DHHS for excellent lay resources produced by the Agency for Healthcare Research and Quality (AHRQ), the National Cancer Institute (NCI), and the Centers for Disease Control and Prevention (CDC). Years of work (and federal expenditures) have produced high-quality, consumer-tested, materials (in English and Spanish) that summarize recommended preventive services for seniors, provide background information and answer questions to make patients more knowledgeable. These materials employ social marketing techniques and attractive graphics to inform and convince patients about the importance of prevention.

The greater need is thus not the production of the material but the coordination of the message. Unfortunately, "stove-piping" within DHHS has provided little opportunity for CMS to be aware of, let alone use, many of these materials. Although Dr. McClellan has worked arduously to transform CMS into a public health agency, its history as a payer leaves its staff unfamiliar with the role of disseminating health education messages.

Encouraging seniors to pursue healthy behaviors makes perfect sense as a strategy to control health complications and costs for CMS, but giving advice that is not directly related to covered benefits is new terrain for its staff.

Congress has the leverage to encourage CMS to promote a shift in culture to view health education as a legitimate agency strategy to reduce outlays and alleviate disease burden among beneficiaries. In crafting the message CMS need only turn to its sister agencies. Congress should encourage CMS and other DHHS entities to work together in a coordinated fashion to advocate prevention, wellness, and healthy aging. A consistent prevention theme should be promoted across DHHS. The messages that NCI, CDC, or the Surgeon General's office have crafted to promote physical activity, smoking cessation, immunizations, or cancer screening should appear regularly in materials from CMS. CMS should disseminate coordinated content that encompasses health advice, recommended services to obtain, as well as the details of coverage policy. Today's CMS materials are dominated by the latter.

Creating an environment for healthy diet and physical activity

Beyond promoting the message that seniors should be active, eat well, and watch their weight, Congress should explore more long-term challenges in creating an environment that facilitates such a lifestyle. It does little good to tell a senior to do light gardening or take a daily walk when he or she is surrounded by highways or lacks access to a safe or attractive pedestrian walkway. Studies document that minorities and other disadvantaged residents of urban areas must travel greater distances to reach supermarkets that offer healthy food choices, are more likely to be surrounded by fast food chains, and are less likely to have access to public spaces for physical activity and exercise. Billboards and other advertising, often targeting such communities, promote unhealthy food choices. The "built environment" is not conducive to healthy living. Congress should engage urban planners, public health experts, and community leaders to devise realistic plans for redesigning American communities to support healthy aging. Leaders should sit down with the food industry and retailers to explore strategies to achieve the dual aims of promoting profits and healthy customers, rather than strategies that pursue one aim at the expense of the other.

Smoking cessation

Tobacco use is the leading cause of death in the United States and cannot be overlooked in any serious Congressional discussion of healthy aging. Once seniors get over the misconception that it is too late to benefit from smoking cessation, their next obstacle is receiving necessary information, counseling, and medications to make quit attempts successful. The recent action by CMS to cover tobacco cessation counseling under Medicare is a welcome advance. But, as already noted, coverage alone does not make it happen.

Extensive evidence documents that most primary care clinicians lack the time and skills to consistently identify smokers and offer effective behavioral counseling. An important

advance is the proliferation of tobacco quit lines in most states, where counselors have the time and skills to work at length with smokers and to provide follow-up with patients and coordination with primary care clinicians. Although many such programs received initial funding under the Master Settlement Agreement of the late 1990s, state support for many is now more tenuous.

Congress should institutionalize funding for the national quit line. This is one of the 10 components of the National Action Plan for Tobacco Cessation issued in 2003 by the DHHS Interagency Committee on Smoking and Health. Lukewarm reaction to one component of the plan—increasing excise taxes—should not distract Congress from the enormous public health importance of implementing the nine remaining NAP recommendations. Moreover, Congress should ensure adequate funding for the Office on Smoking and Health (OSH) at CDC, which has primary responsibility for supporting states in their efforts to maintain quit lines and offer other tobacco control efforts.

Access to clinical preventive services

The disturbing gaps in the receipt of recommended preventive services among Medicare beneficiaries cannot be solved without addressing fundamental barriers that health plans and practices face in the delivery of services, a problem that extends beyond prevention to encompass all domains of healthcare. For some years, experts have been raising the alarm that fundamental redesign of delivery systems is vital to prevent a catastrophic collapse in the American healthcare system. The common claim by politicians that ours is the "best healthcare system in the world" is not only inaccurate—the data suggesting otherwise is overwhelming—but it dangerously ignores the impending catastrophe. A serious commitment to healthy aging cannot be entertained without an equally serious commitment to system redesign and a commensurate investment of resources.

The system solutions that could improve the delivery of preventive services to seniors are well known. They include standing orders, financial incentives, first-dollar coverage for patients, and feedback reports to providers. Impediments to delivery must be removed, or else reminders will accomplish little in improving care. Obstacles that patients and providers face in obtaining tests, counseling, and referrals must be addressed. Creative strategies, such as using health coaches, social support, and other non-physician outreach workers, can facilitate the delivery of preventive care. Mechanisms must be in place to connect patients with resources in the community and to reinforce the initial steps taken during the visit with follow-up visits over time. Seniors are especially in need of advocates to help them navigate the complex maze of referrals and appointments that characterize our fragmented healthcare system.

Reminder systems, both those designed for doctors and reminders sent to patients, are among the most effective ways to improve the delivery of preventive care, but they are uncommon in our healthcare system. Only a small proportion of seniors get reminders from their doctor or healthcare system that they are due for a screening test or vaccination. Seniors are more likely to get a notice from the car dealership that it's time

for an oil change or from the veterinary clinic that the pet's shots are due than they are to receive a reminder about their health needs.

A major infrastructure investment would be required to make reminders routine, but an investment in the simplest of reminder systems would probably go farther in saving lives than our current vast outlays on developing new drugs and technologies. Consider the example of the cholesterol-lowering drugs known as statins. Studies a decade ago, involving the first generation of statins, showed that taking these drugs reduced death rates from heart disease. But only two-thirds of patients who would benefit receive statins because of gaps in care, including the absence of reminders. Over the past decade industry has spent hundreds of millions of dollars to develop new-generation statins that are more potent than the older drugs and that probably save more lives. But the incremental gain from better drugs pales in comparison to the benefits we would realize by removing the obstacles to receiving the drugs. In a forthcoming study to be published by our team at Virginia Commonwealth University, we show that instituting a simple reminder system, involving colorful stickers on the front of charts, would avert seven deaths for every life saved by the newer statins.

Information technology

Information technology creates a powerful tool for instituting reminders and other innovations to promote preventive care and health aging. An obvious application is electronic medical records, which can issue prompts to doctors when seniors are due for screening tests and immunizations or transmit letters or email reminders to patients. Systems that allow patients to access the health record enable consumers to take greater control over their health and use test results and feedback as incentives for health promotion.

Although seniors, compared to younger individuals, are less likely to use computers, the situation is changing. Surveys show that computer and Internet use by seniors is rising dramatically. Tomorrow's seniors are today's middle-aged adults, who are accustomed to using computers for personal affairs ranging from banking to air travel. Plans for healthy aging in America are outdated if they do not include a role for information technology to link seniors and their caregivers with needed information and resources.

Consider, for example, a website that is being developed by Dr. Alex Krist and colleagues at Virginia Commonwealth University. The website enables seniors to complete a health risk appraisal, receive recommendations on healthy aging and preventive services, use hyperlinks to web pages that explain the meaning of medical terms (e.g., what is a "colonoscopy"?), review decision aids to help with complex choices, and print summaries to bring to their doctor. Patients will receive email reminders when preventive services are due and to assess progress with lifestyle change. The website links seniors with high-quality information from NCI, the American Cancer Society, and other prominent bodies, rather than having to rely on the brochure that might be handy at the doctor's office or an article in *Parade* magazine. The same website that gives seniors access to national resources also provides direct linkage to local community

information for healthy aging, such as local walking paths and smoking cessation classes, and to the website of the patient's practice. Future versions will interface with the electronic health records used by doctors.

Congress already understands the importance of electronic health records and integrated information technology and has introduced importance legislation in recent months. The push for this technology is driven by fundamental concerns about patient safety and quality improvement and by the ability of electronic tools to erase the inefficiency and hazards associated with paper-based recordkeeping. These concerns will likely shape the outcomes of the initiative, resulting in systems that reduce errors and make documentation more efficient. The same tools can also promote healthy aging and preventive care, but they will do so only if Congress and IT developers make prevention and wellness a priority for IT products. Congress should steer the health IT movement beyond the basic goals of improved efficiency and safety to a broader vision for IT systems that enhance quality and preventive care and support patients' efforts to change their health habits.

Funding for AHRQ

The dichotomy posed above—between improving drugs and technology and fixing the systems that delivers them—raises questions about how Congress allocates resources for research. NIH, the agency with lead responsibility for the first category of research, receives $29 billion per year. AHRQ, the agency with lead responsibility for the second category of research, receives $300 million per year. In effect, for every dollar spent on developing new treatments, we spend only a penny on fixing the system so that the treatments can be received.

The penny for AHRQ funds most of the research themes discussed in this testimony. AHRQ supports the nation's premiere body for issuing guidelines for doctors on how to deliver preventive care: the U.S. Preventive Services Task Force. AHRQ is responsible for devising solutions to gaps in the quality of care. AHRQ is responsible for research in primary care settings, where half of Americans receive their care. AHRQ is responsible for tracking and solving the problem of racial and ethnic disparities. AHRQ is the lead agency for the federal health IT initiative. And researchers rely on AHRQ to learn the best social marketing techniques to convince patients and providers to change behavior. Why is only one penny on the NIH dollar spent on these urgent priorities? Without solving these problems, the advances made at NIH cannot reach Americans.

Congress should strongly consider doubling the budget of AHRQ—spending two pennies for every NIH dollar—given the gravity of today's problems with healthcare and the importance of the issue with Americans, including seniors. As the precipice comes into view it is risky public policy to give so little resource to the agency responsible for tackling these problems. An expanded investment in AHRQ would send a public message that it is important to Congress not only to develop cutting-edge treatments but also to ensure that Americans receive them. In an era of belt-tightening in which agency budgets are being cut or held constant, doubling the AHRQ budget might seem too

extravagant to consider. But the threat to the nation's health and economy posed by the imploding healthcare system makes it imperative to invest substantively in the agency responsible for finding an answer. It is an investment our country cannot afford to give forego.